

# PROPOSAL FORM

## AROGYA PREMIER POLICY

Guidelines for completion of the form: 1. Please answer all the questions fully and accurately. Where any question does not apply, please mention clearly that the same is not applicable. 2. Insurance is a contract of Utmost Good Faith requiring the Proposer not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it. 3. The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material particular to the proposal form/ personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on Proposer's behalf. 4. Kindly contact SBI General Offices or Agents for any doubts or clarifications on the proposal form. Important Information: Health Check-Up/ Medical Examination may be required for all persons aged 55 years and above, and pre-acceptance medical tests is at the cost of the Proposer. However, if the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

### FOR OFFICE USE

Quote No.:	<input type="text"/>	Inward No.:	<input type="text"/>
Receipt No.:	<input type="text"/>	Receipt Date:	<input type="text"/>

### INTERMEDIARY'S DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Retail	<input type="checkbox"/> SME	Business Sector:	<input type="checkbox"/> Urban	<input type="checkbox"/> Metro	<input type="checkbox"/> Rural	<input type="checkbox"/> Village	<input type="checkbox"/> Social
Business Type:	<input type="checkbox"/> New	<input type="checkbox"/> Roll-Over	<input type="checkbox"/> Renewal	Sales Channel Type:	<input type="checkbox"/> Banca	<input type="checkbox"/> Agency	<input type="checkbox"/> Direct		
Sales Channel Code:	<input type="text"/>	Specified Person's / Intermediary's Code*:			<input type="text"/>				
Specified Person's / Intermediary's Name*:	<input type="text"/>								
GSTIN/ISDN:	<input type="text"/>								

### PART I - PROPOSER'S DETAILS

1. Name:	<input type="text"/>									
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others	Date of Birth:	<input type="text"/>					
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others							
Occupation:	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed/ Professional	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Others (specify) _____			
2. Address where you normally reside (Communication Address):	Plot No./Door No.:	<input type="text"/>	Building name:	<input type="text"/>						
	Road:	<input type="text"/>	Area:	<input type="text"/>						
	City:	<input type="text"/>	Pincode:	<input type="text"/>						
	State:	<input type="text"/>	Phone No.:	<input type="text"/>						
	Email ID:	<input type="text"/>								
3. Address of the Insured if different from above (Permanent Address):	Plot No./Door No.:	<input type="text"/>	Building name:	<input type="text"/>						
	Road:	<input type="text"/>	Area:	<input type="text"/>						
	City:	<input type="text"/>	Pincode:	<input type="text"/>						
	State:	<input type="text"/>	Phone No.:	<input type="text"/>						
	Email ID:	<input type="text"/>								
4. Policy Term:	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years							
5. Policy Period:	From:	<input type="text"/>	To:	<input type="text"/>						
6. Total No. of Persons to be covered:	<input type="text"/>	7. Are you one among the Insureds Covered below? <input type="checkbox"/> Yes <input type="checkbox"/> No								
8. Nominee's Name:	<input type="text"/>									
9. Nominee's Relationship with the Proposer:	<input type="text"/>	DOB of the Nominee:								<input type="text"/>

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | UIN: SBIHLIP21332V022021 | URN: SBIG/APRP/V.01/22122014.

10. If the Nominee is a minor,  
Name of the Appointee and his  
relationship with the Nominee:

11. Aadhaar Card No.:

12. PAN: / Form 60:

13. Corporate: Yes No

14. GSTIN/ISDN: IF APPLICABLE

#### DETAILS OF COVERAGE SOUGHT

Note: By Family we mean You, Your legal Spouse, Legal & Dependent Children, Dependent Parents and Parents-in-law

Policy Term (Please tick)	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
Type of Policy (Please tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Family Non-floater	<input type="checkbox"/> Family Floater
Sum Insured (Please specify)			

#### ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION

I want Arogya Premier Proposal Policy and related information in: ☐ Physical Format ☐ e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

☐ NSDL Data Management Ltd. ☐ CDSL Insurance Repository Ltd. ☐ Karvy Insurance Repository Ltd. ☐ CAMS Repository Services Ltd.

☐ I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is (If available).

#### PART I - MEMBERS PROPOSED FOR INSURANCE

Name	Gender	DOB	Marital Status	Relationship with the Proposer	Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Sum Insured	Deductible

#### PART II - OTHER / CURRENT HEALTH INSURANCE INFORMATION

#### PART III - DETAILS OF ILLNESS/ACCIDENT

Do any of Insured suffer from physical /mental disease or infirmity or medical complaints or deformity?  
If yes, name the Insured and the Disease.

☐ Yes ☐ No

Do any of the Insured smoke?

☐ Yes ☐ No

Do any of the Insured consume any other type of tobacco including betel nut?

☐ Yes ☐ No

Do any of the Insured consume alcohol?

☐ Yes ☐ No

#### PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited"

(\*Mandatory fields)

Cheque No./DD No.: Amount:

Date: D D M M Y Y Y Y

Bank Name:

Branch:

Bank Account No. \*:

IFSC Code\*:

Period of Insurance: From: D D M M Y Y Y Y To: D D M M Y Y Y Y

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## AML GUIDELINES

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/Non- Indian

If Non-Indian, please specify the Country: \_\_\_\_\_

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/ International Organisation/Cooperative/Section 8 Companies.

## SECTION 41 OF INSURANCE ACT, 1938

1. No person shall or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown in the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend up to ₹ 10 Lacs.

## AGENTS DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Licence No. \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of Agent: \_\_\_\_\_

## DECLARATION BY PROPOSER

1. I/We hereby declare on my/our behalf and on behalf of all the persons proposed to be Insured, that the above statements, answers and/ or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/We am/are authorised to propose on behalf of these other persons. 2. I/We understand that the information provided by me/us will form the basis of the Insurance Policy, is subject to the Board approved underwriting policy of the Insurance Company and that the Policy will come into force only after full receipt of the premium chargeable. 3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the person to be Insured / Proposer after the proposal has been submitted but before communication of the risk acceptance by the Company. 4. I/ We declare that I/ We consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the person to be insured / proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be Insured/ Proposer and seeking information from any Insurance Company to which an application for Insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/ or claim settlement. 5. I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/ or Regulatory Authority. 6. I/We aware of premium loading, (if any declared above) for habit's as declared/ mentioned by me /us above.

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of Proposer: \_\_\_\_\_

Name of the Proposer: \_\_\_\_\_

## DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

(Note: The below must be witnessed by someone other than the Advisor/Employee of the Company).

I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/We have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us.

I, (Full name of the witness) \_\_\_\_\_ (Relationship with the Proposer) \_\_\_\_\_ adult and inhabitant of (City) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

Date: 

D	D	M	M	Y	Y	Y	Y
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 Place: 

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Signature of the Witness

Signature/Thumb impression of the Proposer

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